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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/050,234
Filing Date	01/16/2002
First Named Inventor	Moore, Kevin
Art Unit	3652
Examiner Name	Paul T. Chin
Attorney Docket Number	n/a

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

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☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin Moore				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Kevin Moore		
Signature			
Date	September 15, 2004	Telephone	(724) 345-3609

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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